



Oklahoma Office of

# Homeland Security

*Prevent, Protect, Prepare*

P.O. Box 53365

Oklahoma City, OK 73152

(405) 425-7296 Office (405) 425-7295 Fax

<https://oklahoma.gov/homeland-security.html>

## QUARTERLY STATUS REPORT

### OKOHS Award

# \_\_\_\_\_

### Dollar Amount of this Award

\$ \_\_\_\_\_ (A)

Total Dollar Amount of this Award spent or encumbered (binding contract to purchase in effect) as of the end of the current quarter:

\$ \_\_\_\_\_

Dollar Amount you have Requested from OKOHS as of end of current quarter:

\$ \_\_\_\_\_ (B)

Dollar Amount Not yet requested as of end of current quarter:

\$ \_\_\_\_\_ (A-B)

Dollar Amount Being Released to OKOHS

\$ \_\_\_\_\_

### INSTRUCTIONS:

- Email this completed form to OKOHS within 15 days of the end of each calendar **quarter**.
- Submit separate quarterly status reports for **each** OKOHS award.
- Submit a **canceled check** or **credit card receipt** for each item purchased.
- Submit a "**Final Report**" and "**Inventory**" after your entire award has been reimbursed by OKOHS.
- If more space is needed, please attach additional pages.
- **ONLY FILL OUT THE AUTHORIZED OFFICIAL/PRIMARY CONTACT INFORMATION IF THIS HAS CHANGED SINCE THE LAST QUARTERLY STATUS REPORT**

Entity Name:

Complete Address (**only if changed from last report**)

Final Report YES \_\_\_\_ NO \_\_\_\_

Quarter Ended:

Grant Purpose (i.e., equipment, response trailer, critical infrastructure)

Canceled check or credit card receipt sent YES \_\_\_\_ NO \_\_\_\_

Inventory sent with Final Report YES \_\_\_\_ NO \_\_\_\_

### ➤ Describe grant activity during the past quarter:

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### ➤ Describe grant progress from receipt of this award through the end of the current quarter (for example, if your funds will be used to harden critical infrastructure sites, how many sites will be hardened, how many have been hardened and what percentage of each project is complete as of the end of the current quarter):

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### ➤ List any issues that currently prevent the expenditure of any portion of this OKOHS grant award:

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### ➤ Have any items purchased with this OKOHS grant award been lost, destroyed, or otherwise disposed of? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below and attach a completed Equipment Disposition Form (available on the OKOHS website):

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### ➤ Other comments, if any:

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## QUARTERLY STATUS REPORT

### Environmental Historic Preservation:

- Will any equipment be installed? YES\_\_\_ NO\_\_\_
- If No: Skip to signature section.
- If Yes: Have you received an EHP form from OKOHS to complete? YES\_\_\_ NO\_\_\_
- Have you taken pictures of where all the equipment will be installed (interior and exterior)? YES\_\_\_ NO\_\_\_
- Have you submitted the pictures and EHP form back to OKOHS? YES\_\_\_ NO\_\_\_
- Have you received approval from OKOHS/FEMA to proceed with the installation of the equipment requested in the EHP? YES\_\_\_ NO\_\_\_
- Describe any delays in submitting the EHP form and pictures:

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Quarterly Status Report signed by:

Type/Print Signor Name & Title:

Date:

Email:

Phone Number:

### Signor Certifies:

- Legal authorization to submit quarterly status reports on behalf of the named government entity.
- Compliance with all laws, regulations, statutes, assurances, certifications, and other requirements contained in the sub-grant application and guidance documents.
- All submitted data is true and correct to the best of signatory's knowledge.

**Complete the below section if any change in administration has taken place, if completed also submit a new Signature Authorization form to OKOHS.**

**Authorizing Official (ie. the Mayor/City Manager/County Commissioner)**

**Primary Contact (Authorized Official(s))**

Name/Title:

Name/Title:

Telephone:

Fax:

Telephone:

Fax:

Email:

Email: